

PATENT  
Mail Stop Issue Fee

IN THE U.S. PATENT AND TRADEMARK OFFICE

In re application of	Allowed June 17, 2009
GOMBERT et al	Conf. 9718
Application No. 10/534,037	Group 1793
Filed May 6, 2005	Examiner David BRUNSMAN

AQUEOS ADHESIVE COMPOSITION BASED ON LEGUME STARCH

REQUEST FOR CORRECTED FILING RECEIPT

Assistant Commissioner for Patents	June 22, 2009
P.O. Box 1450	
Alexandria, VA 22313-1450	

Sir:

Receipt is acknowledged of the Filing Receipt for  
Serial No. 10/534,037.

It is requested that a new Filing Receipt be issued on  
which the city of the 4<sup>th</sup> named inventor, Regis Houze, is  
correctly given as TOURMIGNIES, (not Tourmingnies) as shown by the  
accompanying Supplemental Application Data Sheet.

Respectfully submitted,

YOUNG & THOMPSON

Benoit Castel

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Telefax (703) 685-0573  
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BC/11b

**Supplemental Application Data Sheet**

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	AQUEOUS ADHESIVE COMPOSITION BASED ON LEGUME STARCH
Attorney Docket Number::	0600-1039
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: HERVE  
Middle Name::  
Family Name:: GOMBERT  
Name Suffix::  
City of Residence:: HINGES  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 476, RUE FROIDE  
Address::  
City of Mailing Address:: HINGES  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-62232

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: MARIKA  
Middle Name::  
Family Name:: LADRET  
Name Suffix::  
City of Residence:: LOMPRET  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 2, RUE DE LA CHAPELLE  
Address::  
City of Mailing Address:: LOMPRET

State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-59840

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: PASCAL  
Middle Name::  
Family Name:: CORRIETTE  
Name Suffix::  
City of Residence:: MERVILLE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 33 RUE BOURNOVILLE  
Address::  
City of Mailing Address:: MERVILLE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-59660

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: REGIS  
Middle Name::  
Family Name:: HOUZE  
Name Suffix::  
City of Residence:: TOURMINGNIES TOURMIGNIES  
State or Province of  
Residence::  
Country of Residence:: FRANCE

Street of Mailing                      3, CHEMIN MADAME  
Address::  
City of Mailing Address::              TOURMINGNIES  
State or Province of Mailing Address::  
Country of Mailing Address::          FRANCE  
Postal or Zip Code of Mailing Address:: F-59551

Applicant Authority Type::            Inventor  
Primary Citizenship Country::        FRANCE  
Status::                                Full Capacity  
Given Name::                          CHRISTIAN  
Middle Name::  
Family Name::                         BOUXIN  
Name Suffix::

City of Residence::                   MARQUILLIES  
State or Province of  
Residence::  
Country of Residence::                FRANCE  
Street of Mailing                      98, RUE DE L'ARBE DE PARADIS  
Address::

City of Mailing Address::            MARQUILLIES  
State or Province of Mailing Address::  
Country of Mailing Address::        FRANCE  
Postal or Zip Code of Mailing Address:: F-59274

**Correspondence Information**

Correspondence Customer              00466  
Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR03/03158	10/24/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02/13910	11/6/02	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::